

County: Rock

Facility ID: 1500

Page 1

BELOIT HEALTH/REHABILITATION CENTER  
1905 WEST HART ROAD

BELOIT 53511 Phone: (608) 365-2554

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 150

Total Licensed Bed Capacity (12/31/03): 150

Number of Residents on 12/31/03: 144

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 145

Corporation

Skilled

No

Yes

Yes

145

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		22.9
Supp. Home Care-Personal Care	No					1 - 4 Years		38.9
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	8.3	More Than 4 Years		17.4
Day Services	No	Mental Illness (Org./Psy)	3.5	65 - 74	15.3			----
Respite Care	Yes	Mental Illness (Other)	0.0	75 - 84	31.9			79.2
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	36.8	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	7.6	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.7		----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	14.6		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	17.4	65 & Over	91.7	-----		
Transportation	No	Cerebrovascular	7.6		-----	RNs		10.0
Referral Service	No	Diabetes	4.9	Gender	%	LPNs		11.2
Other Services	No	Respiratory	9.7		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	41.7	Male	30.6	Aides, & Orderlies		
Mentally Ill	No		----	Female	69.4			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

## Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total	%
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Resi- dents	Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	26	100.0	284	100	100.0	116	0	0.0	0	18	100.0	163	0	0.0	0	0	0.0	144	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	26	100.0		100	100.0		0	0.0		18	100.0		0	0.0		0	0.0	144	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
		-----				
Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	4.7	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0	86.8	13.2	144
Other Nursing Homes	2.2	Dressing	10.4	75.7	13.9	144
Acute Care Hospitals	90.5	Transferring	21.5	65.3	13.2	144
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	17.4	67.4	15.3	144
Rehabilitation Hospitals	0.0	Eating	68.8	26.4	4.9	144
Other Locations	2.6	*****				
Total Number of Admissions	274	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	6.3	Receiving Respiratory Care		20.1
Private Home/No Home Health	50.2	Occ/Freq. Incontinent of Bladder	59.0	Receiving Tracheostomy Care		2.1
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	55.6	Receiving Suctioning		0.7
Other Nursing Homes	7.7			Receiving Ostomy Care		0.7
Acute Care Hospitals	13.3	Mobility		Receiving Tube Feeding		4.9
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	1.4	Receiving Mechanically Altered Diets		30.6
Rehabilitation Hospitals	0.0					
Other Locations	3.7	Skin Care		Other Resident Characteristics		
Deaths	25.1	With Pressure Sores	9.0	Have Advance Directives		84.7
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	271			Receiving Psychoactive Drugs		55.6

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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97.5	86.2	1.13	87.6	1.11	88.1	1.11	87.4	1.12
Current Residents from In-County	91.7	78.5	1.17	83.0	1.10	82.1	1.12	76.7	1.19
Admissions from In-County, Still Residing	21.2	17.5	1.21	19.7	1.08	20.1	1.05	19.6	1.08
Admissions/Average Daily Census	189.0	195.4	0.97	167.5	1.13	155.7	1.21	141.3	1.34
Discharges/Average Daily Census	186.9	193.0	0.97	166.1	1.13	155.1	1.21	142.5	1.31
Discharges To Private Residence/Average Daily Census	93.8	87.0	1.08	72.1	1.30	68.7	1.37	61.6	1.52
Residents Receiving Skilled Care	100	94.4	1.06	94.9	1.05	94.0	1.06	88.1	1.14
Residents Aged 65 and Older	91.7	92.3	0.99	91.4	1.00	92.0	1.00	87.8	1.04
Title 19 (Medicaid) Funded Residents	69.4	60.6	1.15	62.7	1.11	61.7	1.13	65.9	1.05
Private Pay Funded Residents	12.5	20.9	0.60	21.5	0.58	23.7	0.53	21.0	0.60
Developmentally Disabled Residents	0.0	0.8	0.00	0.8	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	3.5	28.7	0.12	36.1	0.10	35.8	0.10	33.6	0.10
General Medical Service Residents	41.7	24.5	1.70	22.8	1.83	23.1	1.80	20.6	2.03
Impaired ADL (Mean)	44.4	49.1	0.90	50.0	0.89	49.5	0.90	49.4	0.90
Psychological Problems	55.6	54.2	1.02	56.8	0.98	58.2	0.96	57.4	0.97
Nursing Care Required (Mean)	8.5	6.8	1.25	7.1	1.20	6.9	1.23	7.3	1.16